

REMARKS/A. INOTATION:

(Fill out completely, accurately and legibly. Use ink or typewriter.  
Place X before the appropriate answer in items 2, 9, 13, 15, 16, 18, 19, 21 and 23.)

Province	Registry no.
City/Municipality	

Registry No. 97-14

1. NAME	(First)	(Middle)	(Last)

2	SEX	3. RELIGION	4. AGE	a. 1 YEAR OR ABOVE		b. UNDER 1 YEAR		c. UNDER 1 DAY	
				Completed years	Months	Days	Hrs/Mn/Sec		
1	Male								
2	Female								

5. PLACE OF DEATH	(Name of Hospital/Clinic/Institution, House No., Street, Barangay)	(City/Municipality)	(Province)
		113	100, 441 Sur

6. DATE OF DEATH				7. CITIZENSHIP	
(day)	(month)	(year)			

35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100
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8. RESIDENCE (House No., Street, Barangay) \_\_\_\_\_  
 \_\_\_\_\_ City/Municipality \_\_\_\_\_ Province \_\_\_\_\_

9. CIVIL STATUS	10. OCCUPATION
1 Single      3 Widowed      5 UNKNOWN	

**MEDICAL CERTIFICATE**

(For ages 0 to 7 days, accomplish items 11-17 at the back)

17. CAUSES OF DEATH

I. Immediate cause: a. Respiratory arrest

Antecedent cause: b. Asphyxiation

Underlying cause: c. Myocardial infarction

d. Other significant conditions contributing to death:

Interval Between Onset and Death: 10/1

18. DEATH BY NON-NATURAL CAUSES

a. Manner of Death

1. Homicide 2. Suicide 3. Accident 4. Other (Specify) \_\_\_\_\_

b. Place of Occurrence (e.g. home, factory, street, school) \_\_\_\_\_

19. ATTENDANT

1 Private Physician	<u>X</u> 4 None	From _____
2 Public Health Officer	5 Others (Specify) _____	To _____
3 Hospital Authority	_____	

attended, state duration:

20. CERTIFICATION OF DEATH

I hereby certify that the foregoing particulars are correct as near as same can be ascertained and I further certify that I

☒ have not attended the deceased  
☐ have attended the deceased and that death occurred at \_\_\_\_\_ uniform on the date indicated above

Signature \_\_\_\_\_  
Name in Print \_\_\_\_\_  
Title or Position \_\_\_\_\_  
Address \_\_\_\_\_  
Date \_\_\_\_\_

REVIEWED BY: \_\_\_\_\_  
 \_\_\_\_\_  
 Signature over probe form  
 of Rep. D. K. \_\_\_\_\_  
 \_\_\_\_\_  
 Date: \_\_\_\_\_

<b>21. CORPSE DISPOSAL</b> 1 Burial      3 Others (Specify) _____ 2 Cremation	<b>22. BURIAL/CREMATION PERMIT</b> Number _____ Date issued _____	<b>23. AUTOPSY</b> 1 Yes 2 No
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24. NAME AND ADDRESS OF CEMETERY OR CREMATORY

25. INFORMANT *M. J. [unclear]*

Signature *[Signature]* Address *1111 [unclear]*

Name in Print *[unclear]* Date *10/1/54*

Relationship to the deceased *[unclear]*

26. PREPARED BY	27. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR
Signature <i>[Signature]</i>	Signature <i>[Signature]</i>
Name in Print <i>[Name]</i>	Name in Print <i>[Name]</i>
Title or Position <i>[Title]</i>	Title or Position <i>[Title]</i>
Date <i>[Date]</i>	Date <i>[Date]</i>

FOR OCSG USE ONLY:  
Registration Reference No.

TO BE FILLED UP AT THE  
OFFICE OF THE CIVIL  
REGISTRAR

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54				
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59

16					
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71 72

15

12

80		82	
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83

95

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## FOR AGES 0 TO 7 DAYS

11. DATE OF BIRTH (day) (month) (year)	12. AGE OF THE MOTHER _____ completed weeks	13. METHOD OF DELIVERY 1. Normal spontaneous vertex 2. Others (Specify): _____
14. LENGTH OF PREGNANCY _____ completed weeks	15. IF MULTIPLE BIRTH, CHILD WAS 1. First 2. Second 3. Others (Specify): _____	
16. TYPE OF BIRTH 1. Single 2. Twin 3. Triplet etc		

## MEDICAL CERTIFICATE

17. CAUSES OF DEATH

a. Main disease/condition of infant \_\_\_\_\_

b. Other disease/condition of infant \_\_\_\_\_

c. Main maternal disease/condition affecting infant \_\_\_\_\_

d. Other maternal disease/condition affecting infant \_\_\_\_\_

e. Other relevant circumstances \_\_\_\_\_

CONTINUE TO FILL UP ITEM 10

## POSTMORTEM CERTIFICATE OF DEATH

I HEREBY CERTIFY that I have this \_\_\_\_\_ day of \_\_\_\_\_ performed an autopsy upon the body of the deceased and that the cause of death was as follows: \_\_\_\_\_

Signature \_\_\_\_\_ Title/Designation \_\_\_\_\_  
Name in Print \_\_\_\_\_ Address \_\_\_\_\_

## CERTIFICATION OF EMBALMER

I HEREBY CERTIFY that I have embalmed \_\_\_\_\_ after having followed all the regulations prescribed by the Department of Health.

Signature \_\_\_\_\_ Title/Designation \_\_\_\_\_  
Name in Print \_\_\_\_\_ License No. \_\_\_\_\_  
Address \_\_\_\_\_ Issued on \_\_\_\_\_ at \_\_\_\_\_  
Expiry Date \_\_\_\_\_

Republic of the Philippines )  
Province of Zamboanga del Sur ) S.S.  
City/Municipality of Misamis )

## AFFIDAVIT FOR DELAYED REGISTRATION OF DEATH

I, \_\_\_\_\_ of legal age, single/married, after being duly sworn to in accordance with law, do hereby depose and say:

1. That \_\_\_\_\_ died on 1 February 1999 in \_\_\_\_\_ and was buried/cremated in \_\_\_\_\_ on 02 Feb. 1999.
2. That the deceased was/was not attended to at the time of his death.
3. That the reason for the delay in registering this death was due to \_\_\_\_\_

(Signature of affiant)

Community Tax No. 9375003  
Date Issued 07 May 1999  
Place Issued Misamis, Zamboanga del Sur

SUBSCRIBED AND SWORN to before me this 11 day of February 1999 at Misamis, Zamboanga del Sur, Philippines.

(Signature of Administering Officer)

(Title/Designation)

Misamis, Zamboanga del Sur



Municipal Form No. 103  
(Revised January 1993)

(To be accomplished in quadruplicate)

REPUBLIC OF THE PHILIPPINES  
**CERTIFICATE OF DEATH**  
(Fill out completely, accurately and legibly. Use ink or typewriter.  
Place X before the appropriate answer in items 2, 9, 13, 15, 16, 19, 21 and 23)

Province DAVAO DEL SUR Registry No. 97-13  
City/Municipality MAKIL

1. NAME (First) (Middle) (Last)  
JOSEPH JOSE MAKIL

2. SEX 1 Male 3. RELIGION CATHOLIC 4. A 1 B 2 C 3 D 4 E 5  
5. PLACE OF DEATH (Name of Hospital/Clinic/Institution) (City/Municipality) (Province)  
St. Joseph's Hospital, Makil, Davao del Sur

6. DATE OF DEATH (day) (month) (year) 7. CITIZENSHIP  
01 01 1995 Philippine

8. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province)  
St. Joseph's Hospital, Makil, Davao del Sur

9. CIVIL STATUS 1 Single 2 Married 3 Widowed 4 Others 10. OCCUPATION  
None

**MEDICAL CERTIFICATE**  
(For ages 0 to 7 days, accomplish items 11-17 at the back)

11. CAUSES OF DEATH (Interval Between Onset and Death)  
I. Immediate cause: Myocardial Infarction  
Antecedent cause: Myocardial Infarction  
Underlying cause: Myocardial Infarction

II. Other significant conditions contributing to death:

12. DEATH BY NON-NATURAL CAUSES  
a. Manner of Death: 1 Homicide 2 Suicide 3 Accident 4 Others (Specify)  
b. Place of Occurrence (e.g. home, farm, factory, street, sea, etc.):

13. ATTENDANT (If attended, state duration)  
1 Private Physician 2 Public Health Officer 3 Hospital Authority 4 None 5 Others (Specify)  
From To

14. CERTIFICATION OF DEATH  
I hereby certify that the foregoing particulars are correct as near as same can be ascertained and I further certify that I  
☒ have not attended the deceased  
☐ have attended the deceased and that death occurred at on the date indicated above

Signature [Signature]  
Name in Print Dr. J. A. J. J.  
Title or Position Medical Director  
Address St. Joseph's Hospital, Makil, Davao del Sur  
Date 27 May 1995

REVIEWED BY: [Signature]  
Signature and Printed Name of Health Officer  
Date

21. CORPSE DISPOSAL 1 Burial 2 Cremation 3 Others (Specify) 22. BURIAL/CREMATION PERMIT Number Date Issued 23. AUTOPSY 1 Yes 2 No

24. NAME AND ADDRESS OF CEMETERY OR CREMATORY  
St. Joseph's Cemetery, Makil, Davao del Sur

25. INFORMANT [Signature] Address St. Joseph's Hospital, Makil, Davao del Sur  
Name in Print Dr. J. A. J. J. Date 27 May 1995  
Relationship to the deceased Medical Director

26. PREPARED BY [Signature] 27. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR  
Signature [Signature] Name in Print Dr. J. A. J. J. Title or Position Medical Director Date 27 May 1995

REMARKS/ANNOTATION

FOR CCRG USE ONLY:  
Population Reference No.

TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR

41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 00



FOR AGES 0 TO 7 DAYS		
11. DATE OF BIRTH (day) (month) (year)	12. AGE OF THE MOTHER	13. METHOD OF DELIVERY 1. Normal, spontaneous vertex 2. Others (Specify)
14. LENGTH OF PREGNANCY: _____ completed _____ wk		
15. TYPE OF BIRTH 1. Single 2. Twin 3. Triplets	16. IF MULTIPLE BIRTH, CHILD WAS 1. First 2. Second 3. Others (Specify)	
17. CAUSES OF DEATH a. Main preexisting condition of infant b. Other diseases/conditions of infant c. Main maternal disease/condition affecting infant d. Other maternal disease/condition affecting infant e. Other relevant circumstances		
CONTINUE TO FILL UP ITEM 18		

POSTMORTEM CERTIFICATE OF DEATH	
I HEREBY CERTIFY that I have this _____ day of _____ performed an autopsy upon the body of the deceased and that the cause of death was as follows: _____	
Signature _____ Name in Print _____	Title/Designation _____ Address _____

CERTIFICATION OF EMBALMER	
I HEREBY CERTIFY that I have embalmed _____ after having followed all the regulations prescribed by the Department of Health.	
Signature _____ Name in Print _____ Address _____	Title/Designation _____ License No. _____ Issued on _____ at _____ Expiry Date _____

Republic of the Philippines		) S.S.	
Province of Zamboanga del Sur		)	
City/Municipality of Midsalip		)	
AFFIDAVIT FOR DELAYED REGISTRATION OF DEATH			
I, <u>Alma A. Jalalon</u> , of legal age, single/married, after being duly sworn to in accordance with law, do hereby depose and say:			
1. That <u>Arnesto B. Jalalon</u> died on <u>01 February 1985</u> in <u>Sitio Manganio, Matandang, Midsalip, Zamboanga del Sur</u> and was buried/cremated in <u>Sitio Manganio, Matandang, Midsalip, Zamboanga del Sur</u> on <u>02 Feb. 1985</u> .			
2. That the deceased was/was not attended to at the time of his death.			
3. That the reason for the delay in registering this death was due to <u>negligence</u> .			
<u>Alma A. Jalalon</u> (Signature of affiant)			
Community Tax No. <u>379093</u>			
Date Issued <u>17 May 1990</u>			
Place Issued <u>Dantawan, Sumit, Zambo. del Sur</u>			
SUBSCRIBED AND SWORN to before me this <u>27th</u> day of <u>May</u> , 1990 at _____, Philippines.			
<u>Medardo C. Colita</u> (Signature of Administering Officer) Midsalip, Zamboanga del Sur (Address)			
<u>Mun. Civil Registrar</u> (Title/Designation) Midsalip, Zambo. del Sur (Address)			



Municipal Form No. 103  
(Revised January 1983)

(To be accomplished in quadruplicate)

REMARKS/ANNOTATION

Republic of the Philippines  
**CERTIFICATE OF DEATH**

(Fill out completely, accurately and legibly. Use ink or typewriter.)  
Place X before the appropriate answer in items 2, 3, 13, 15, 16, 18, 19, 21 and 23.

Province Zamboanga del Sur Registry No. 91-11  
City/Municipality Malabon

NAME (First) (Middle) (Last)  
RICHARD DAVID DAVID

SEX 1 Male 3. RELIGION 1. Catholic 4. AGE 1 a. 1 YEAR OR ABOVE b. UNDER 1 YEAR c. UNDER 1 DAY  
Completed years Months Days First/Min/Sec

PLACE OF DEATH (Name of Hospital/Clinic/Institution) (City/Municipality) (Province)  
San Antonio Hospital, Malabon, Zamboanga del Sur

DATE OF DEATH (day) (month) (year) 7. CITIZENSHIP  
03 February 1985 1. Filipino

RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province)  
San Antonio Hospital, Malabon, Zamboanga del Sur

CIVIL STATUS 1 Single 3 Widowed 5 Unknown 10. OCCUPATION  
2 Married 4 Others None

**MEDICAL CERTIFICATE**

(For ages 0 to 7 days, accomplish items 11-17 at the back)

7. CAUSES OF DEATH Immediate cause: a. Myocardial infarction b. Myocardial infarction c. Myocardial infarction  
Antecedent cause: d. Myocardial infarction e. Myocardial infarction  
Underlying cause: f. Myocardial infarction  
Other significant conditions contributing to death: Myocardial infarction

8. DEATH BY NON-NATURAL CAUSES a. Manner of Death 1 Homicide 2 Suicide 3 Accident 4 Others (Specify)  
b. Place of Occurrence (e.g. home, farm, factory, street, sea, etc.) Home

9. ATTENDANT 1 Private Physician 2 None 3 Public Health Officer 4 Others (Specify) 5 Hospital Authority  
attended; state duration: From 03 February 1985 To 03 February 1985

10. CERTIFICATION OF DEATH I hereby certify that the foregoing particulars are correct as near as same can be ascertained and I further certify that I ☒ have not attended the deceased ☐ have attended the deceased and that death occurred at San Antonio Hospital, Malabon, Zamboanga del Sur on the date indicated above.

Signature [Signature] Name in Print Dr. [Name] Title or Position Physician Address San Antonio Hospital, Malabon, Zamboanga del Sur Date 03 February 1985

REVIEWED BY: [Signature]  
Name in Print [Name] Title or Position Physician Address San Antonio Hospital, Malabon, Zamboanga del Sur Date 03 February 1985

11. CORPSE DISPOSAL 1 Burial 2 Cremation 3 Others (Specify) 22. BURIAL/CREMATION PERMIT Number 03 February 1985 Date Issued 03 February 1985 23. AUTOPSY 1 Yes 2 No

14. NAME AND ADDRESS OF CEMETERY OR CREMATORY San Antonio Hospital, Malabon, Zamboanga del Sur

15. INFORMANT [Signature] Address San Antonio Hospital, Malabon, Zamboanga del Sur Name in Print [Name] Relationship to the deceased Physician Date 03 February 1985

PREPARED BY [Signature] 27. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR Signature [Signature] Name in Print [Name]

FOR OCRA USE ONLY:  
Population Reference No.

TO BE FILLED UP AT THE  
OFFICE OF THE CIVIL  
REGISTRAR

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11. DATE OF BIRTH (day) (month) (year)	12. AGE OF THE MOTHER _____	13. METHOD OF DELIVERY 1 Normal spontaneous vertex 2 Other (Specify) _____
14. LENGTH OF PREGNANCY: _____ completed weeks		
15. TYPE OF BIRTH 1 Single 2 Twin 3 Triplet etc	16. IF MULTIPLE BIRTH, CHILD WAS 1 First 2 Second 3 Other (Specify) _____	

## MEDICAL CERTIFICATE

## 17. CAUSES OF DEATH

- a. Main disease condition of infant \_\_\_\_\_  
 b. Other disease conditions of infant \_\_\_\_\_  
 c. Main maternal disease condition affecting infant \_\_\_\_\_  
 d. Other maternal disease condition affecting infant \_\_\_\_\_  
 e. Other relevant circumstances \_\_\_\_\_

CONTINUE TO FILL UP ITEM 18

## POSTMORTEM CERTIFICATE OF DEATH

I HEREBY CERTIFY that I have this \_\_\_\_\_ day of \_\_\_\_\_ performed an autopsy upon the body of the deceased and that the cause of death was as follows: \_\_\_\_\_

Signature \_\_\_\_\_  
 Name in Print \_\_\_\_\_

Title/Designation \_\_\_\_\_  
 Address \_\_\_\_\_

## CERTIFICATION OF EMBALMER

I HEREBY CERTIFY that I have embalmed \_\_\_\_\_ after having followed all the regulations prescribed by the Department of Health.

Signature \_\_\_\_\_  
 Name in Print \_\_\_\_\_  
 Address \_\_\_\_\_

Title/Designation \_\_\_\_\_  
 License No. \_\_\_\_\_  
 Issued on \_\_\_\_\_ at \_\_\_\_\_  
 Expiry Date \_\_\_\_\_

Republic of the Philippines  
 Province of \_\_\_\_\_  
 City/Municipality of \_\_\_\_\_

## AFFIDAVIT FOR DELAYED REGISTRATION OF DEATH

I, Wilma A. Jalison, of legal age, single/married, after being duly sworn to in accordance with law, do hereby depose and say:

1. That Ricardo S. Alferez died on 01 February 1995 in  sitio Manganillo, Batangas, Philippines and was buried/cremated in  sitio Manganillo, Batangas, Philippines on 02 Feb. 1995
2. That the deceased was/was not attended to at the time of his death.
3. That the reason for the delay in registering this death was due to Negligence

(Signature of affiant)

Community Tax No. \_\_\_\_\_  
 Date Issued 17 May 1999  
 Place Issued San Juan, Pampanga

SUBSCRIBED AND SWORN to before me this \_\_\_\_\_ day of \_\_\_\_\_, 1999 at \_\_\_\_\_, Philippines.

(Signature of Administering Officer)

(Name in Print)

(Title/Designation)

(Address)